

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026924

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 56

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma, R. 1		c. CITY OR TOWN Parma R. 1	
Length of stay in 1b 25 yr.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Rural R. 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Will Middle xxxxxxx Last Pipkins		4. DATE OF DEATH Month June Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2.21.94
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 4 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) xxxx		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Randle Pipkins		13b. MOTHER'S MAIDEN NAME Emma Williams	
14. NAME OF HUSBAND OR WIFE Mary Pipkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) xxx xxxx	
16. SOCIAL SECURITY NO. xxxx		17. INFORMANT Address Mary Pipkins Parma, R. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No medical attendant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Investigation made by coroner and no evidence of foul play found DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Velma V. Penhune (Degree or title) Local Registrar		22b. ADDRESS Dexter, Mo.	
22c. DATE SIGNED 6-29-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 7-1-1963		23c. NAME OF CEMETERY OR CREMATORY Smith West End Court	
23d. LOCATION (City, town, or county) West of Sikeston, Mo.		24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home Sikeston, Mo	
25. DATE RECD. BY LOCAL REG. 7-6-63		26. REGISTRAR'S SIGNATURE Velma V. Penhune	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 16 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fred L. Smith

Licensed Embalmer No. 4408

P. O. Address Wickertown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.